



Res'd PCT/PTO 12 SEP 2005

10/500977

P.O. 55/01A (09-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	Efficient Liposomal Encapsulation Under Mild Conditions
As the below named inventor(s), I/we declare that: This declaration is directed to: <input type="checkbox"/> The attached application, or <input checked="" type="checkbox"/> Application No. <u>10/500,977</u> , filed on <u>07/08/04</u> , <input type="checkbox"/> as amended on _____ (if applicable); I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought; I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above; I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application. All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.	
FULL NAME OF INVENTOR(S) Inventor one: <u>Alla Polozova</u> Signature: <u>[Signature]</u> Citizen of: <u>Canada</u>	
Inventor two: <u>Xingong Li</u> Signature: _____ Citizen of: <u>China</u>	
Inventor three: <u>Walter R. Perkins</u> Signature: _____ Citizen of: <u>US</u>	
Inventor four: _____ Signature: _____ Citizen of: _____	
<input type="checkbox"/> Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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12 SEP 2005

PTO/SB/81 (11-04)

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POWER OF ATTORNEY SEP 12 2005 CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/500,977
	Filing Date	July 8, 2004
	First Named Inventor	Alla Polozova
	Title	Efficient Liposomal Encapsulation Under Mild Conditions
	Art Unit	Not Yet Known
	Examiner Name	Not Yet Known
	Attorney Docket Number	TRA-028.01

I hereby revoke all previous powers of attorney given in the above-identified application.**I hereby appoint:**☒ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

25181

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number

OR

☐ The address associated with Customer Number:

OR

☐ Firm or
Individual Name

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Alla Polozova

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Xingong Li

Telephone

Title and Company

Sr. Scientist. Transave Inc.

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☒ *Total of 1 forms are submitted.

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OR

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Fax

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Walter R. Perkins</i>	Date	<i>Aug 12, 2005</i>
Name	Walter R. Perkins	Telephone	<i>609-818-1211</i>
Title and Company	<i>Vice President Research and Product Development, Transave</i>		

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☒ *Total of 1 forms are submitted.

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10/501077

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: 100 Alla

Middle Name::

Family Name:: POLOZOVA

Name Suffix::

City of Residence:: Cranbury

State or Province of Residence:: NJ

Country of Residence:: US

Street of Mailing Address:: Orchard 105M, 60 One Mile Road

City of Mailing Address:: Cranbury

State or Province of Mailing Address:: NJ

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1 2 SEP 2005

PTO/SB/01A (09-04)

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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)****Title of Invention****Efficient Liposomal Encapsulation Under Mild Conditions****10/500977**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☐ The attached application, or
- ☒ Application No. 10/500,977, filed on 07/08/04,
- ☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)Inventor one: Alla Polozova

Signature: _____

Citizen of: CanadaInventor two: Xingong Li

Signature: _____

Citizen of: ChinaInventor three: Walter R. Perkins

Signature: _____

Citizen of: US

Inventor four: _____

Signature: _____

Citizen of: _____

☐ Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.

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11/508977

Country of Mailing Address:: US

Postal or Zip Code of Mailing
Address:: 08512

Applicant Authority Type:: Inventor

Primary Citizenship Country:: China

Status:: Full Capacity

Given Name:: 2.P Xingong

Middle Name::

Family Name:: LI

Name Suffix::

City of Residence:: Cranbury

State or Province of Residence:: NJ

Country of Residence:: US

Street of Mailing Address:: 103 Princeton Arms N.

City of Mailing Address:: Cranbury

State or Province of Mailing
Address:: NJ

Country of Mailing Address:: US

Postal or Zip Code of Mailing
Address:: 08512

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

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Efficient Liposomal Encapsulation Under Mild Conditions

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12 SEP 2005

Given Name::

3-D

Walter

Middle Name::

R.

Family Name::

PERKINS

Name Suffix::

City of Residence::

Pennington

State or Province of Residence::

NJ

NJ

Country of Residence::

US

Street of Mailing Address::

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City of Mailing Address::

Pennington

State or Province of Mailing
Address::

NJ

Country of Mailing Address::

US

Postal or Zip Code of Mailing
Address::

08534

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number::

(703) 836-6620

Fax Number:

(703) 836-2021

Representative Information

Representative Customer Number:: 21839